

UNITED STATES DISTRICT COURT

District of Massachusetts

The M.D. Management Co., LLC (Petitioner)

Adrian E. Lepedeanu (Beneficiary)

Mariana Lepedeanu (Defendant, spouse) &

R.L. (Defendant, child)

FILED

CLERK'S OFFICE

APR - 1 2004
SUMMONS IN A CIVIL CASE

V.

UNITED STATES DISTRICT COURT
DISTRICT OF MASS.

U.S. Department of Homeland Security
Citizenship and Immigration Services

CASE NUMBER:

04 10499 RWZ

TO: (Name and address of Defendant)

Frank Crowley, Asst. District Counsel
Department of Homeland Security
JFK Federal Building
15 New Sudbury St., Room 425
Boston, MA 02203

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Maureen O'Sullivan
Kaplan, O'Sullivan & Friedman,
10 Winthrop Sq., 3rd Floor
Boston, MA 02110

phone: 617-482-4500
fax: 617-451-6828

an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS



3-12-04

CLERK

Kathy Sherry
(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾ <i>Elisabeth Kingsbury</i>	DATE <i>3-16-04</i>
NAME OF SERVER (PRINT)	TITLE <i>Legal Intern</i>

Check one box below to indicate appropriate method of service Served personally upon the third-party defendant. Place where served: _____ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

 Returned unexecuted: _____ Other (specify): *Sent via Certified Mail/Return Receipt Requested*

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 3-31-04

Date

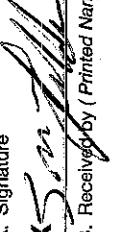
Elisabeth Kingsbury

Signature of Server

10 Winthrop Sq., 3rd Floor, Boston, MA 02110

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <u>S. Crowley</u></p> <p>C. Date of Delivery <u>3-18-04</u></p>		
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>		<p>1. Article Addressed to:</p> <p><u>Frank Crowley, Asst. Dist. Counsel</u> <u>Dept. of Homeland Security</u> <u>JFK Building</u> <u>#5 New Sudbury St.</u> <u>Room 425</u> <u>Boston, MA 02203</u></p>		
		<p>2. Article Number (Transfer from service label) <u>7003 2260 0003 6565 7208</u></p>		
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		

102595-02-M-1540

PS Form 3811, August 2001 Domestic Return Receipt